



680 N Lake Shore Dr, Suite 800
Chicago, IL 60611

**EXHIBIT
D**

Multidisciplinary Comprehensive Assessment Program (MCAP) of Chicago

Menachem Langer MD, MBA, JD
145 Deerfield Lane
Lenoir City, Tennessee 37772
931-644-2775
Mlangermd@gmail.com

DOB: 06/26/1978

Evaluation Dates: October 18, 19 & 20, 2020

Diagnostic Impression

Axis I

1. 300.00 (F41.9) Unspecified Anxiety Disorder – by history

Axis II

Cluster B Features and Traits (per MCMI-III)

Axis III

Multiple Sclerosis -diagnosed 2009 (“remitting/relapsing type”)
Hyperlipidemia
Moderate mitral regurgitation
Psoriasis of nail beds
S/P Meniscus Repair – 2015
S/P Microdiscectomy L5, S1 – 2008, 2015
S/P Cystitis

Referral Source: Tennessee Lawyers Assistance Program(TLAP)/Buddy Stockwell JD, Executive Director

Confidentiality Waiver

In advance of the Multidisciplinary Comprehensive Assessment, Menachem Langer MD, JD was provided informed consent of the non-confidential nature of the evaluation. He voluntarily waived his rights to confidentiality with written authorization that permitted disclosure of the assessment results to the Tennessee Lawyers Assistance Program/Buddy Stockwell JD, Executive Director TLAP.

Dr. Langer's confidentiality waiver covered all data sources used in the development of the Multidisciplinary Comprehensive Assessment, including clinical and medical diagnostic interviews, clinical data, laboratory test results, psychological test performances, self-report inventories, and obtained collateral source information. In accordance with state and federal laws, without Dr. Langer's written consent, under the terms of this authorization, further disclosure of this report is not permitted.

Chief Complaint

"I want to practice law but my ex-wife complained to the Tennessee Board of Law Examiners stating I am unfit, so I need an evaluation."

Identifying Information & Presenting History

Menachem Langer MD, JD is a 42 year old, twice married medical doctor and attorney referred to TLAP by the Tennessee Board of Law Examiners following a complaint about his fitness for duty to practice law. He has never practiced medicine after completing his medical degree in Poland in 2005, instead using his degree as a platform to work in administration in the medical field after obtaining an MBA. He was employed as a COO/CEO at Cookville Medical Center in Tennessee until he was terminated "for cause" in 2012, after which he worked in his own consulting business. Dr. Langer has been unemployed since 2017, when he entered law school, and hopes to obtain a Tennessee law license and resume work after passing the bar exam. According to the TLAP Clinical Intake Form dated August 15, 2020, Dr. Langer "reports his ex-wife complained to Tennessee Board of Law Examiners (BLE) about his character and fitness in the context of contested child custody case. CL (client) states his ex-wife made allegations about his marital and physical health, stating he...had character issues evidenced by allegations of stealing money from a former employer, etc. CL states his ex-wife sent his medical history to BLE without his consent." Due to the copious documents sent to the BLE, Dr. Langer was interviewed by individuals from BLE and the findings on May 8, 2020, which led to a Show Cause Order on August 7, 2020. Dr. Langer is offended at the need for this evaluation, and attributes his troubles to his ex-wife and her vindictive third husband. He displayed numerous hostile texts from his ex-wife's spouse on his cell phone to MCAP clinicians, shared a history of restraining orders and custody battles necessitating the need for parental evaluations by a court appointed psychologist. He agreed to a fitness for duty evaluation requested by TLAP at MCAP of Chicago from October 18 -20, 2020, and was compliant and pleasant during this time.

Psychosocial History (per narrative from Dr. Langer)

Menachem Langer MD, JD was born on June 26, 1978 in Israel to Odet and Nieli Langer and has two older sisters, Erris (age 51) and Orli (age 47). Dr. Langer stated; "I was born into a Zionist family of secular Jews." His father was a celebrated and well respected Ob/Gyn, achieving an MD and PhD and the author of several textbooks. He describes his father as his "best friend, an incredible man, larger than life...I was daddy's boy..." His mother was originally from Brooklyn, New York and met his father at age 16 while she was in Israel for a summer camp. They corresponded after she returned to the United States and were later married for 53 years before his father passed away. His mother moved to Israel in 1967 and taught at the American School, and Dr. Langer describes her as "well read, traditional, proper...quirky sense of humor and can be over-bearingly loving." His mother currently lives on his 6-acre property in Tennessee after she was widowed, and helps with his children. Dr. Langer said he was inspired to study medicine because he accompanied his father to the hospital "every day...I learned to like older adults more than my peers." His father had a heart attack in 1990 when he was in his forties, and Dr. Langer thinks he stayed close to his father for fear of losing him.

Dr. Langer grew up in New York, until 1989, at age 11, when his family moved to San Antonio, Texas. He chose Incarnate Word University for college on a full scholarship because his mother was on faculty. Dr. Langer admitted he was a "mediocre" student throughout high school and college. In 1998, his parents moved back to New York and he remained in the family home in Texas while they were selling it. He found college "boring...I didn't drink or party and I had to study hard in my majors of biology and chemistry." He was not accepted into a USA medical school, and decided to attend medical school in Poland because they taught their classes in English and it was a well-respected University. He studied in Poland for 20 months, and returned to the United States for his clinicals in Tennessee, New York and Minnesota. He realized clinical medicine "was not for me and I went to graduate school for my MBA instead of into residency."

Dr. Langer met his first wife, Kristin in 2001, at the start of medical school, and they married in 2003. She agreed to convert to Judaism. They lived in NYC for Kristin's residency in radiology, and they had their first child, Remy, in 2007 via IVF. They conceived Harrison in 2010 without IVF, which happily surprised them both. Kristin was originally from Tennessee, and wanted to return to her home state once they had children. Dr. Langer found employment before Kristin was able to move, and he moved to the Knoxville area 8 months prior to his family's arrival to start a new position as CEO/COO of Cookville Medical Center. He said their marriage "was already rocky when I moved...she resented my workaholicism and I disconnected from her...she came from a wealthy family and only ever worked part-time." Dr. Langer said he flew home "42 weekends" to see his family, but he was lonely and secretly began having an affair with his current wife, Jill. When Kristin moved to Knoxville, she "hated the home I bought and only lived there one month and then she bought a home in Knoxville so I had to commute 75 miles a day for work." In 2012, after Kristin discovered Dr. Langer was having an affair, she wrote letters to his "bosses and members of the Board at Cookville complaining about my affair...some Board members made an issue of it and I was terminated for cause on October 31, 2012." He recalls one of the board members uttering an antisemitic remark when he left. He decided to sue Cookville for an unlawful termination and he was paid "a hefty settlement, which was three years of my salary..." In 2014, Dr. Langer said he filed for disability for 18 months due to a

relapse of multiple sclerosis, which was diagnosed in 2009. He submitted his claim to Sun Life and they denied it because he was not an employee of Cookville, which he had assumed he was based on his termination contract. He sued the institution again and was awarded more money and health benefits. He thinks his ex-wife “found out about it from the secretary at the hospital...she shared the deposition and documents with my ex-wife...”

Dr. Langer and Kristin separated in 2013 and they shared custody of their children while he opened his own consulting firm the same year. Dr. Langer married Jill in 2016, although they had been living together since 2014. He said he “amicably split” with his ex-wife, and even travelled with her and their children. He offered another example of his friendship with his ex-wife, stating her second husband was physically abusive, and Kristin leaned on him during her subsequent divorce from her him in August 2019. Kristin is currently married to her third husband, Dan, and that is when custody problems escalated, said Dr. Langer. Dr. Langer described Dan as “controlling and in charge and he tried to impede contact between me and my children...” There were many acrimonious texts sent to Dr. Langer and Dr. Langer said he filed a restraining order against Dan “and now I have 70% custody of our children.” Of note, his daughter “blurted out she was going to kill herself and ended up in an emergency room because she didn’t want to live with her mother and new husband.”

Dr. Langer surmises that his ex-wife sent a letter to the Tennessee Board of Law Examiners in April 2020, stating he was unfit to practice law and cognitively impaired. Dr. Langer is eager to begin practicing law, stating he passed the Bar “with very high scores making it possible for me to practice law in 33 states.” This animosity started in 2019, when his father died. He tried to call his children and there was no service, which he later learned was disconnected by his ex-wife’s third husband, Dan. A custody battle with Dr. Langer and his ex-wife ensued. In September/October 2019, the judge issued an order for a custodial evaluation which went into 2020, and there was a trial scheduled for June 2020, but his ex-wife failed to show due to Covid. and a continuance was granted. On October 7, 2020, a second trial was scheduled for custody but his ex-wife fired her attorney, In April 2020, his ex-wife sent “a thousand documents to include my medical records, employment contracts and the custody documents...” to BLE. Dr. Langer met with interviewers and was subsequently referred to the Tennessee Lawyers Assistance Program and they referred him for a fitness for duty evaluation at MCAP of Chicago.

Regarding work, Dr. Langer said he owned a consulting business, but realized he was losing money because he had to pay attorneys. He decided to attend law school at Lincoln Memorial Law School from 2017 to 2019 to benefit his work/financial situation.

Current Psychiatric Symptoms

Denied

Psychiatric History

Anxiety – diagnosed in 2012

Family Psychiatric History

Maternal Grandparents -PTSD (holocaust)

Sister – Depression

Daughter -ADHD

Social History

Emotional Abuse – Denied

Physical Abuse – Denied

Sexual Abuse – Denied

Work History – Physician and Attorney

Military History – None

Education – Incarnate Word University, BS – 2000, Poznan University, Poland – MD – 2005, University of Tennessee – MBA – 2006, Lincoln Memorial University, Knoxville, TN – JD - 2019

Employment – Self-employed, 2015 -present, Cookville Regional Medical Center, TN – COO/CEO – 2010 -2015, Director of Hospital Relations, St. Luke's Roosevelt, NYC – 2006 -2010, Global Medical National, Baltimore – 2005 -2006

Religious/Spiritual History – Jewish

Socioeconomic Status/Financial Stressors – N/A

Psychiatric Assessment

Menachem Langer is a 42 year old MD/JD/MBA who presents for an evaluation after his “lovely ex-wife” submitted a pamphlet expressing concerns that he is cognitively impaired due to his multiple sclerosis (MS). He thinks he has “reared her ugly head out of spite” because she lost joint custody of their kids recently because there was concern her new husband was hitting his own children.

He was diagnosed with MS in 2009 after experiencing symptoms “food tasted funny and numbness on the tip of nose.” He says he had a relapse of symptoms in 2012 but since that time has had no issues with his MS. He denies any cognitive issues currently due to his MS and he notes that he recently passed the Bar exam. He never completed residency and was a CEO and COO of hospitals and now owns his own consulting firm.

Regarding development history, he describes his childhood as “a fairly privileged childhood. Stereotypical Jewish family.” His father was in academic medicine and his mother was a Ph.D. All his siblings are doctors or lawyers. His father was the biggest influence in his life as passed away in 2019. He denies any abuse or trauma. He denies any bullying. He denies any arrests or legal issues. He denies any conduct disorder behaviors. He denies any childhood ADHD symptoms. He has been married twice. He had 2 children with his first wife and has a step daughter with his current wife. He was married to his ex-wife for 10 years but they separated after 8 years.

Regarding psychiatric history, he has never received any psychiatric care. He had a psychological evaluation during his custody hearing earlier this year and he was given no diagnosis. He denies any additional psychiatric symptoms throughout his life. He denies any history or current suicidal or homicidal ideation. He denies any psychosis, panic, OCD, eating disorder, or body image issues.

Regarding personality features, he states that someone could describe him as “intense, high strung, Type A, micromanager.”

Mental Status Examination/Behavioral Observations

Appearance: Dr. Langer is a Jewish male who appeared his stated age. He was mildly overweight, balding, had a beard, and wore glasses. He made good eye contact.

Mood & Affect: His mood was reported as good. His affect was euthymic.

Speech: Her speech was normal rate, volume, and tone.

Thought Content and Progression: His thought process was linear.

Hallucinations: Denied

Delusions & Paranoia: Denied

Homicidal Ideation: Denied

Insight: Fair to good

Judgment: Fair to good

Fund of Knowledge: Cognitive ability grossly intact.

Psychological Testing (MCMI-III)

The MCMI-III profile of this man suggests that he is preoccupied with gaining approval and respect. His surface affability and seemingly composed social appearance may cloak a deep defensiveness about admitting psychological problems. He tends to be easily excited, and intolerant of frustration, delay, and disappointment.

Neurocognitive Assessment

History

The patient reports being diagnosed with Multiple Sclerosis in 2009 with monthly MRI studies showing no active lesions or disease process at this time. He reports receiving monthly infusion treatment of the immune modulator Natalizumab. He reports no history of intracranial structural defect, arterial venous malformation, seizures, CVA, TIA, concussions, severe closed or penetrating head injury, CNS neoplasm, exposure to neurotoxic industrial chemicals, alcohol or stimulant misuse, CNS infection or inflammation, hypoxia, vitamin deficiency, movement disorder, metabolic abnormality, endocrinopathy, headaches, insomnia, sleep apnea, academic attention or learning difficulties, depression, anxiety, mania, psychosis, confusion, recent fall or infection, or family history of early dementia.

Procedures

Wechsler Adult Intelligence Scales-4
Wechsler Memory Scales-4
Rey Auditory Verbal Learning Test
Serial Digit Learning Test
Controlled Oral Word Association
Trail Making Test
Wisconsin Card Sorting Test

Boston Naming Test
Auditory Consonant Trigrams
Judgement of Line Orientation
Stroop Color Word Test
Grooved Pegboard Test
Clinical Interview

Test Results

In response to item content on the WAIS-4, the patient scored in the average range, for a person of his age, in the normative group, on tests of constructional praxis, visual conceptual ability, vigilance, and speeded visual motor integration.

Memory testing revealed immediate verbal recall to be in the high average range. After a 30-minute delay retention of previously memorized verbal material was in the average range. Immediate visual recall was in the average range. After a 30-minute delay there was average recall of the visual material. On a test of verbal learning there was average performance in the area of initial auditory registration. Cumulative learning over 5 trials was in the average range. Retention of learned information after an interference measure was introduced was in the average range. Supraspan recall was high average. His ability of working memory in recalling rote verbal information over a distractor was in the high average range.

On tests of frontal lobe, executive type functioning the patient performed as follows: He scored in the average range on a test of verbal fluency. He scored in the normal range on tests measuring the visual scanning ability of the frontal eye fields and attention to more than one aspect of a stimulus situation simultaneously. He scored in the normal range on a test of the inhibition of an over-learned response when a novel response was required simultaneously. He scored in the normal range on a test of abstract thinking requiring the formation, maintenance, and shifting of mental set.

Examination for aphasia and related language disorders demonstrated fluent spontaneous speech with adequate expression, repetition, and comprehension of language noted. There were no signs of anomia or word finding difficulties in response to a confrontation naming task.

The expected relationship was found between dominant and non-dominant hands on a test of manual dexterity. Judgment of line orientation was performed in the normal range.

Diagnostic Summary

The level and pattern of the patient's performance is indicative of normal cognitive functioning for a person of his age, in the normative group. There were no cognitive deficits detected or pattern of neuropsychological dysfunction related to Multiple Sclerosis noted; which could impair the patient's ability to perform his duties as an attorney in a competent manner. This opinion is rendered within a reasonable degree of neuropsychological certainty.

Prescription Monitoring Site Information

LANGER	MENACHEM	06/26/1978	00814281	08/23/2019	11/12/2019	TESTOSTERONE CYP 200 MG/ML	Missing	2	28	3
LANGER	MENACHEM	06/26/1978	00825572	11/06/2019	11/06/2019	VYVANSE 40 MG CAPSULE	Missing	30	30	0
Langer	Menachem	06/26/1978	7112022020	09/09/2020	09/09/2020	PHENTERMINE 37.5 MG TABLET	Missing	30	30	0
Langer	Menachem	06/26/1978	2010117	01/23/2020	02/24/2020	VYVANSE 40 MG CAPSULE	Missing	30	30	0

Substance Abuse and Behavioral Addiction Assessment

Alcohol— Dr. Langer reported age of first use as 16-years-old. He stated he would have up to two beers every other month. He reported that pattern was consistent throughout college and medical school, all the way up until present. He reported he currently has one drink up to six times a year. Dr. Langer reported last use as: October, 16, 2020, one glass of wine. Dr. Langer denied, seizures or complications of withdrawals from alcohol and denied any legal implications.

Cannabis — Dr. Langer denied a history of cannabis abuse.

Opiates — Dr. Langer denied a history of opiate abuse.

Stimulants — Dr. Langer reported a history of stimulant use. He stated he was prescribed an unknown dosage of Phentermine which he took less than prescribed since approximately 2017. He reported he takes approximately a few pills a month, but denied use for the past couple months.

Sedatives — Dr. Langer denied a history of sedative use.

Benzodiazepines — Dr. Langer denied a history of benzodiazepine use.

Hallucinogens — Dr. Langer denied a history of use of hallucinogens.

Inhalants — Dr. Langer denied a history of inhalant use.

Synthetic drugs — Dr. Langer denied a history of synthetic drug use.

Anesthesia Medications — Dr. Langer denied abusing anesthetic medications.

Over-the-counter medication — Dr. Langer denied abuse of over-the-counter medications.

Prescribed Medications — Dr. Langer denied abusing prescribed medications.

Diversion— Dr. Langer denied a history of diversion.

IV drug use — Dr. Langer denied a history of intravenous drug use.

Tobacco — Dr. Langer reported use of tobacco. He reported he tried chewing tobacco a couple times in high school.

Caffeine — Dr. Langer reported use of caffeine. He reported he has about three Diet Cokes a day.

Shopping — Dr. Langer denied a history of compulsive shopping.

Exercise — Dr. Langer denied a history of compulsive exercise.

Sexual — Dr. Langer denied a history of sexual compulsivity, reported an affair. He stated he had one affair in 2011 who he then married.

TV/Internet/Pornography/Gaming — Dr. Langer denied a history of compulsive viewing or use of TV, Internet, pornography, or gaming.

Gambling — Dr. Langer denied a history of compulsive gambling.

Eating issues — Dr. Langer denied a history of compulsive eating behaviors.

Self-harm — Dr. Langer denied a history of self-injurious behavior.

Weapons — Dr. Langer reported possessing firearms. He stated he has five pistols and three rifles; he practices safe keeping.

Medical Assessment

Twice married 42-year-old attorney presents for assessment after a complaint was raised by his ex-wife that he was unfit to be admitted to the bar related to his diagnosis of multiple sclerosis. He was first medicated in 2009 for MS. An MRI for a positional headaches demonstrated white matter lesions, initially thought to be related to Lyme disease. Two months later he developed numbness in his tongue as well as his great toe. He began seeing Saud Sadiq, MD at Mt. Sinai where his father was chairman of OB-GYN. For three years he was treated with Beta 1a Interferon (Rebif). When the numbness recurred, he was switched to natalizumab (Tysabri) an immunomodulator. Dr. Langer continues to fly to New York yearly for his appointments with Dr. Sidiq, “even though he’s begged me to change providers.” Dr. Langer’s last four brain MRIs haven’t showed any changes. Dr. Langer said he has had no relapses, but continues to be observed and medicated to delay any progression of his disease.

Past medical history:

- Multiple sclerosis, diagnosed 2009, complicated by twice yearly bladder symptoms which he self-treats with hyoscamine
- Moderate mitral regurgitation, diagnosed via murmur, has had ECHOs
- Hyperlipidemia, genetically low HDL
- Psoriasis of nail beds

Past surgical history:

- L5-S1 microdiscectomy 2008, with recurrence 2015
- Repair of right knee torn meniscus

Past surgical history:

Denies all, takes sertraline “A buddy gave it to me ten years ago. I don’t have any diagnosis.”
Denies anxiety, depression, suicidal ideation, suicide attempts, homicidal ideation

Tobacco: never

EtOH: five or six drinks yearly

Family history:

Father, deceased, age 74. DM, htn, CVA, cardiovascular disease in his 40’s, rectal cancer
Mother, alive, 74, well
Two sisters, well
Daughter 13, Son 10 with ADHD

Immun: needs flu vax

Physical Examination: 164/92 heart rate 100

Medical Impression:

Multiple sclerosis:

Dr. Langer applied for medical disability at one point but more recently describes only minor recurrences of neurologic symptoms. Although the progression of disability with MS is highly variable, often accompanied by long plateaus, it will be important to stay vigilant, particularly for medication side effects. Dr. Langer has evidenced a benign constellation of symptoms and an equally indolent time course so far.

What will be important is establishing neurologic care at an MS center wherever he is living. It is tempting for MDs to seek out acquaintances or friends for health care and be accordingly given, “VIP” status. Dr. Langer’s haphazard use of controlled substances (psychostimulants, weight loss medication, antidepressants, and possibly testosterone) from “buddies” is notable. For most physicians, this will not entitle him to the same reliable care afforded every patient.

Hypertension/ Hyperlipidemia: The newer ACC guidelines would suggest Dr. Langer should already be taking two antihypertensives, one of them a thiazide diuretic. Particularly in light of his mitral regurgitation, it will be vital to reduce afterload and shear force on his already compromised valve. Given his father’s history of a cardiovascular event in his 40’s, and Dr. Langer’s temptation to self-medicate, he will have the best outcome in the hands of a competent cardiologist with whom he can establish a clear relationship as a patient. He is taking a small dose of a weak statin which may not be appropriate for his situation. It is too easy for many providers to undertreat these chronic progressive diseases. Clinical inertia regarding

optimization of hypertension and lipid treatment in a young adult with comorbid issues is to be avoided at all costs.

Use of stimulants, appetite suppressants: He seemed familiar with the data about lack of benefit to these drugs for occasional use, particularly outside a comprehensive program. In light of his hypertension, his use of these drugs is particularly troubling.

Medications

Phenazopyridine 200mg PRN
Phentermine PRN for appetite reduction
Rocephin IM
Tsebin IV monthly
Rosuvastatin 20 mg daily
Sertraline unknown dose, his PCP just writes for it
Melatonin 5 mg once monthly

Allergies

NKA

Drug Screens

Urine Drug Screen – October 19, 2020 - Negative
Hair (Head) Drug Screen – October 19, 2020 - *Negative*
Peth – October 19, 2020 - *Negative*

Collateral Information

Collateral Information was gathered with the written and verbal permission of Menachem Langer MD, JD. The following individuals may or may not have been contacted:

TLAP/Buddy Stockwell JD

Amy Biblee, friend

Larry Kisch, employed for construction project t by Dr. Langer and by Mr.Kisch as an attorney

Dr. Sadique, neurologist

Tchad Griffin MD, PCP

Jill Langer, wife

Greg Brown, attorney

Dr. Langer's collateral contacts use the same adjectives to describe him to include "loyal and dependable." No concerns were voiced. However, one collateral remarked that he was impressed with Dr. Langer's legal skills being very satisfied with his legal services approximately 5 months ago. Dr. Langer said he had a temporary law license at the time but he was acting under a supervising attorney.

Records Reviewed

1. Court Ordered Custodial Evaluation -January 2020 through August 2020 (seen a total of 13 times from 1/17/2020 – 8/6/2020) by Lance Laurence PhD – “The parties tell drastically different stories. Kristen sent a letter to TBE on 3/5/2020, in which she states ‘over the last 20 years I have witnessed Mr. Langer’s complete disregard for law and total lack of common decency towards others...he bullies, threatens and employs fear-mongering tactics to manipulate his targets.’ Children report much distress and fear of Dan, Kristen’s current spouse. “There is an ‘emotional war’ between parents (Menachem and Kristen).” Dan is accused of being an alcoholic and was asked to provide a hair drug test and refused. He also uses “a high dose of stimulant medication to help him focus and Xanax on a regular basis.” The children “now insist on living with Menachem 100% of the time,” but evaluator said this arrangement is contraindicated, although he feels there needs to be a modification to 50/50 split, and that “these adults need to stay away from one another, there is no coparenting here, there is too much animosity between them.”
2. Show Cause Order (2020) which stated that Dr. Langer’s Linked-In page dated 6/1/2020, “holds himself out as an attorney, employed as a partner in Langer Law Group since April 2020. This violates the provisions of Tenn. Sup. Ct. R. 8, RPC 5.5 as well as T.C.A. & 23-3-103, regarding unauthorized practice of law. The Show Cause writes that Rule 7 of the Tennessee Supreme Court states “an applicant must not be admitted if there is doubt as to his honesty, respect for the rights of others, and adherence to and obedience to the Constitution and laws.... The Board directs the applicant to show cause why his application to practice law in Tennessee should not be denied on character and fitness grounds. Of note, one of the collaterals in this assessment praised Dr. Langer’s abilities as an attorney “about 5 months ago...”
3. TLAP Clinical Intake Form, 8/15/2020 – “ML reports his ex-wife complained to BLE about his character and fitness in the context of contested child custody case. ML states his ex-wife made allegations about his marital and physical health, stating he had possible schizophrenia and had character issues evidenced by allegations of stealing money from a former employer, etc. ML states his ex-wife sent his medical history to BLE and inappropriate content of the litigation relating to his divorce and custody issues... a number of concerns about admitting Menachem Langer to the bar...”
4. Interview Report 5/8/2020 by Steven Hurdle of District 2 Investigating Committee and Martelia Crawford of the District 4 Investigating Committee – via zoom. “We have a number of concerns about admitting Menachem Langer to the bar. Although Langer is very intelligent and well spoken, he consistently blames others for his own shortcoming...takes no responsibility for any of the totally inappropriate content of the litigation relating to his divorce and custody...Dr. Diana McCoy, a psychologist designated by the Court, evaluated Langer and Carver (ex-wife’s spouse) and concluded Langer suffers from unspecified personality disorder (turbulent type), histrionic personality style and narcissistic personality style. She commented that Langer has a sense of superiority and that ‘as stress mounts, he may become increasingly unwilling to examine his own contribution to his problems.’” The Interviewers added that “Langer

has failed to provide complete and accurate information about his past and has made misleading -if not false-statements about his personal history. The extensive, scurrilous, continuing pattern of Langer's conduct relating to his divorce and litigation raises substantial questions about Langer's character, ability to exercise good judgement...and ability to conduct himself with a high degree of professionalism, honesty, integrity and trustworthiness. We believe Langer does not possess the high standards of character, fitness or moral qualifications required for admission to the practice of law and recommend that he not be admitted to the bar of the State of Tennessee."

5. Letters from Menachem Langer to members of the TN Board of Law Examiners, March 5, 2020, May 10, 2020
6. Civil Warrant, 3/7/2019
7. Court Documents from March 2018; Menachem Langer vs. D&M Gate and Garage Door, Monte Elliot
8. Covenant Health , Parkwest Medical Center, 10/1/2018 – MRI of brain w & w/o contrast - "Grossly unchanged...no abnormal enhancement to suggest active demyelination."
9. Covenant Health , Parkwest Medical Center, 5/11/2019 - -Brain MRI w & w/o contrast – "No acute or enhancing lesions are seen and no change is noted since October 2018."
10. Covenant Health , Parkwest Medical Center, 11/20/2019 – MRI of brain w & w/o contrast – "Grossly stable...no evidence of active demyelination."
11. Covenant Health , Parkwest Medical Center, 6/18/2020 – MRI of brain w & w/o contrast – "There are multiple foci of abnormally increased T2 signal....findings consistent with chronic demyelination related to MS. The findings appear stable when compared to prior study."
12. Emails from Dr. Langer of texts from Dan, his ex-wife's husband to himself
13. Evidence provided by Menachem Langer MD "from sworn testimony of hospital executives and board members that addresses issues between Cookville and Dr. Langer."
14. Depositions provided by Dr. Langer

Summary

Menachem Langer MD, JD is a 42 year old, twice married medical doctor and attorney referred to TLAP by the Tennessee Board of Law Examiners following a complaint about his fitness for duty to practice law. According to the TLAP Clinical Intake Form dated August 15, 2020, Dr. Langer " reports his ex-wife complained to Tennessee Board of Law Examiners (BLE) about his character and fitness..." Due to the copious documents sent to the BLE, Dr. Langer was interviewed by individuals from BLE and the findings on May 8, 2020 led to a Show Cause Order on August 7, 2020. Dr. Langer is offended at the need for this evaluation, and attributes his troubles to his ex-wife and her vindictive third husband, Dan. He reluctantly agreed to a fitness for duty evaluation requested by TLAP at MCAP of Chicago from October 18 -20, 2020, but was compliant and pleasant during this time. Dr. Langer believes the requirement for a fitness for duty evaluation was solely due to his ex-wife's biased and negative representation of his character. He provided documents that supported this position. This evaluation is only able to

evaluate his neuro-cognitive, psychiatric, psychological and medical conditions in regards to his ability to safely practice law, and refrained from commenting on past and present legal issues.

Dr. Langer's performance on neurocognitive testing in this assessment is indicative of normal cognitive functioning for a person of his age. In addition his labs were negative for all mood-altering substances, and he did not meet criteria for any Axis I diagnosis except for an unspecified anxiety disorder diagnosed during his divorce proceedings in 2012/2013, for which he was prescribed Sertraline. Dr. Langer has been prescribed an antidepressant since 2012/2013 for anxiety without the oversight of a psychiatrist. He is advised to consult with a psychiatrist approved by TLAP or professional consultation.

Most of the findings in this evaluation were obtained from the documents provided to MCAP clinicians by TLAP and Dr. Langer. His collateral contacts, outside of his wife, appeared to be individuals that were previously employed by Dr. Langer and friends/colleagues of his wife, therefore they did not add much insight. Although clinicians in this assessment attempted to be very careful not to comment on legal matters (i.e. child custody), Dr. Langer's past legal battles shed some light on his personality and ability to safely practice law, according to court documents. In the opinion of this assessment, he does not meet criteria for a personality disorder that would prohibit him from the practice of law. The psychological testing in this assessment, which is similar to reports provided in court documents, states that *he is preoccupied with gaining approval and respect...his surface affability and seemingly composed social appearance may cloak a deep defensiveness about admitting psychological problems*. Dr. Langer was indeed affable and composed during the MCAP, but psychological testing and past behaviors in court documents do show psychological stress and lack of psychological-mindedness. Dr. Langer is advised to engage in regular (weekly) insight-oriented psychotherapy with a therapist approved by TLAP.

An impactful document was the Show Cause Order (2020), which stated it is Dr. Langer's responsibility to "conduct himself with a high degree of professionalism, honesty, integrity and trustworthiness," which interviewers felt he lacked in May 2020. Monitoring by TLAP will be advantageous in documenting Dr. Langer's ability to demonstrate professional conduct necessary to practice law in Tennessee. One component of the professionalism is what interviewers (Interview Report 5/8/2020 by Steven Hurdle of District 2 Investigating Committee and Martelia Crawford of the District 4 Investigating Committee) said was Dr. Langer's inability to "provide complete and accurate information about his past and has made misleading -if not false-statements about his personal history...and raises substantial questions about Langer's character, ability to exercise good judgement...and ability to conduct himself with a high degree of professionalism, honesty, integrity and trustworthiness." In the future and especially in his role as an attorney, Dr. Langer is advised to be fully transparent, completely honest in answering all questions, and establish boundaries in his relationships with all individuals, especially his ex-wife and her husband, not just for his ability to practice law but for the psychological wellbeing of his children. He is advised to demonstrate this behavior with the oversight of TLAP in the future.

Safety Assessment

After careful scrutiny and attention to the limits of this evaluation, which are only to determine Dr. Langer's ability to practice law based on his neurocognitive, psychological, psychiatric and medical assessments, Dr. Langer should not be restricted from practicing law, however, he will require oversight and psychological support to practice law professionally and effectively. He is advised to implement the treatment recommendations below:.

Treatment Recommendations

1. Individual Psychotherapy

Taking into consideration of the psychological testing and records provided for this assessment, Dr. Langer is advised to engage in regular (weekly) insight-oriented psychotherapy for no less than 18 months with a therapist approved by TLAP.

2. Monitoring by TLAP

Dr. Langer is advised to be monitored and supported by TLAP for a minimum of two years, to be re-evaluated at that time for the need to continue monitoring.

3. Continued Efforts Toward Wellbeing

Dr. Langer is advised to establish neurological care at an MS center locally and remain vigilant with his medical care, particularly for medication side effects.

Regarding hypertension/ hyperlipidemia, the newer ACC guidelines would suggest Dr. Langer should already be taking two antihypertensives, one of them a thiazide diuretic. He will have the best outcome in the hands of a competent cardiologist with whom he can establish a clear relationship as a patient. He is taking a small dose of a weak statin which may not be appropriate for his situation.

4. Attention to Professionalism to Include PMP Monitoring for Accountability

Dr. Langer is advised to discontinue his haphazard use of controlled substances (psychostimulants, weight loss medication, and possibly testosterone).

5. Marital/Family Therapy

As recommended by court-appointed psychologist, Dr. Laurence, Dr. Langer and his wife are advised to pursue therapy "to establish boundaries between the home of the two parents."

6. Psychiatric Consultation

Dr. Langer has been prescribed an antidepressant since 2012/2013 for anxiety without the oversight of a psychiatrist. He is advised to consult with a psychiatrist approved by TLAP for professional consultation.

Positive Sobriety Institute/MCAP of Chicago Clinicians

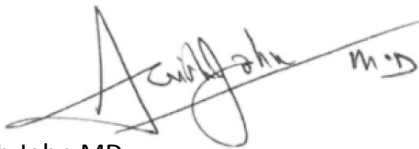
- Initial Interview with Family Assessment, Kathy Bettinardi-Angres APN-BC, MS, RN, CADC
- Psychiatric Assessment, Gaurava Agarwal MD
- Psychiatric Assessment, Anish John MD
- Neurocognitive Assessment, Gene Mele PsyD
- Medical Director, Daniel Angres MD
- Social Work Assessment, Monica Connelly LCSW, CADC
- Boundary Assessment, Mike Geraci LCPC
- Medical Assessment, Frances Langdon MD
- Collateral Information, Kathy Bettinardi-Angres APN-BC, MS, RN, CADC
- Labs – Hair, Peth, urine drug screens
- Psychological Testing: *Millon Clinical Multiaxial Inventory-III, CNS, Beck Depression Inventory-Second Edition (BDI-II), Beck Anxiety Inventory (BAI), Drug Abuse Screening Test (DAST), Life Events Checklist (LEC), Michigan Alcohol Screening Test (MAST), Mood Disorder Questionnaire (MDQ), Pain Numeric Rating Scale (PNRS), PTSD Checklist-Civilian Version (PCL-C), Practical Risk Assessment, Suicide Behaviors Questionnaire-Revised (SBQ-R), Rey Auditory Verbal Learning Test, Judgement of Line Orientation, Serial Digit Learning Test, Stroop Color Word Test, Controlled Oral Word Association, Grooved Pegboard Test, Trail Making Test, Wisconsin Card Sorting Test*

Sincerely;



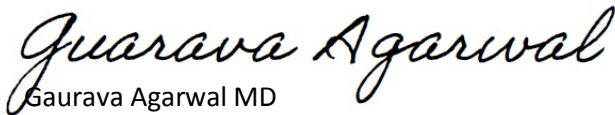
Daniel H. Angres MD

Medical Director/ Positive Sobriety Institute



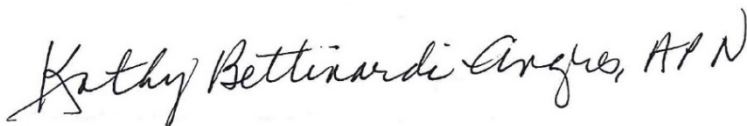
Anish John MD

Associate Medical Director/ Positive Sobriety Institute



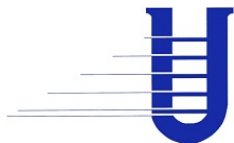
Gaurava Agarwal MD

Associate Medical Director/Positive Sobriety Institute



Kathy Bettinardi-Angres APN-BC, MS, RN, CADC

Coordinator/MCAP of Chicago

**UNITED STATES DRUG TESTING LABORATORIES**

1700 S. MOUNT PROSPECT ROAD
DES PLAINES, ILLINOIS 60018-1804
Phone 847-375-0770
Fax 847-375-0775

Report To John Gardiner
Partners in Positive Sobriety PC
680 N. Lake Shore Drive
Ste 800
Chicago, IL 60611

Client F091403IL
Client Partners in Positive Sobriety PC
Location
Collector JOHN GARDINER

Sample Information

Specimen ID 7377170
Donor ID MENACHEM LANGER
Lab Sample ID 3019566
SSN 4709

Test Reason Not given
Type Hair
Collected 10/20/2020 11:00
Received 10/21/2020 11:09
Report Date 10/23/2020 13:20

Tests Requested

HAIR12ETG	Hair12 +ETG	Sample	negative		
Test	Result	Quantitation	Screen Cutoff	Confirm Cutoff	
AMPHETAMINES	negative		500 pg/mg		
BARBITURATES	negative		200 pg/mg		
BENZODIAZEPINES	negative		200 pg/mg		
COCAINES	negative		500 pg/mg		
METHADONES	negative		200 pg/mg		
MEPERIDINE	negative		500 pg/mg		
OPIATES	negative		200 pg/mg		
PCP	negative		300 pg/mg		
OXYCODONE	negative		200 pg/mg		
PROPOXYPHENE	negative		200 pg/mg		
CANNABINOIDS	negative		1 pg/mg		
TRAMADOL	negative		500 pg/mg		
ETHYL GLUCURONIDE LCMS	negative		20 pg/mg		

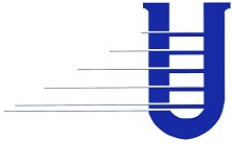
Additional Sample Information

Body Hair

Sample Comments

Test developed and characteristics determined by United States Drug Testing Laboratories, Inc. See Compliance Statement on our website http://www.usdtl.com/compliance_statement.

All screen methods are immunoassay unless otherwise noted.

**UNITED STATES DRUG TESTING LABORATORIES**

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Partners in Positive Sobriety PC
680 N. Lake Shore Drive
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Chicago, IL 60611

Client F091403IL

Client Partners in Positive Sobriety PC

Location

Collector JOHN GARDINER

Sample Information

Specimen ID 7377170

Donor ID MENACHEM LANGER

Lab Sample ID 3019566

SSN 4709

Test Reason Not given

Type Hair

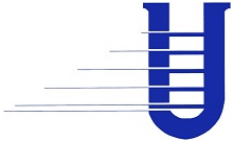
Collected 10/20/2020 11:00

Received 10/21/2020 11:09

Report Date 10/23/2020 13:20

Certification

Data approved by Sarah Toma on 10/23/2020

**UNITED STATES DRUG TESTING LABORATORIES**

1700 S. MOUNT PROSPECT ROAD
DES PLAINES, ILLINOIS 60018-1804
Phone 847-375-0770
Fax 847-375-0775

Report To John Gardiner
Partners in Positive Sobriety PC
680 N. Lake Shore Drive
Ste 800
Chicago, IL 60611

Client F091403IL

Client Partners in Positive Sobriety PC

Location

Collector JOHN GARDINER

Sample Information

Specimen ID 7377171
Donor ID MENACHEM LANGER
Lab Sample ID 3019857
SSN 4709

Test Reason Not given
Type Blood
Collected 10/20/2020 11:00
Received 10/21/2020 13:30
Report Date 10/22/2020 21:50

Tests Requested

20PETBLDSP BloodSpot PETH20

Sample negative

Test	Result	Quantitation	Screen Cutoff	Confirm Cutoff
PHOSPHATIDYL ETHANOL LCMS	negative		20 ng/mL	

Sample Comments

Test developed and characteristics determined by United States Drug Testing Laboratories, Inc. See Compliance Statement on our website http://www.usdtl.com/compliance_statement.

All screen methods are immunoassay unless otherwise noted.

Certification

Data approved by Owais Hameed on 10/22/2020



Patient Information	Specimen Information	Client Information
LANGER, MENACHEM DOB: 06/26/1978 AGE: 42 Gender: M Phone: 931.644.2775 Patient ID: 80731241 Health ID: 8573018534623162	Specimen: WX298007A Requisition: 0008043 Collected: 10/20/2020 Received: 10/20/2020 / 23:26 CDT Reported: 10/24/2020 / 10:26 CDT	Client #: 11125939 4000000 JOHN, ANISH POSITIVE SOBRIETY INSTITUTE 680 N LAKE SHORE DR STE 800 CHICAGO, IL 60611-8701

Drug Monitoring Report

Test Ordered	Result	Cutoff	Lab
DRUG MONITOR, PANEL 1, W/CONF, URINE			Endnote 1 CB
Amphetamines	Negative	500 ng/mL	
Barbiturates	Negative	300 ng/mL	
Benzodiazepines	Negative	100 ng/mL	
Marijuana Metabolite	Negative	20 ng/mL	
Cocaine Metabolite	Negative	150 ng/mL	
Methadone Metabolite	Negative	100 ng/mL	
Opiates	Negative	100 ng/mL	
Oxycodone	Negative	100 ng/mL	
Phencyclidine	Negative	25 ng/mL	

Specimen Validity Testing	Test Ordered	Result	Reference Range
	Creatinine	78.1	> or = 20.0 mg/dL
	pH	5.7	4.5-9.0
	Oxidant	Negative	<200 mcg/mL

Test Ordered	Result	Cutoff	Lab
DRUG MONITOR, FENTANYL, QN, URINE			Endnote 1 CB
Fentanyl	Negative	0.5 ng/mL	See Note 1
Norfentanyl	Negative	0.5 ng/mL	See Note 1
DRUG MONITOR, BUP, W/CONF, URINE			Endnote 1 CB
Buprenorphine	Negative	5 ng/mL	
DRUG MONITOR, TRAMADOL, QN, URINE			Endnote 1 CB
Desmethyltramadol	Negative	100 ng/mL	See Note 1
Tramadol	Negative	100 ng/mL	See Note 1
DRUG MONITOR, ALCOHOL METAB, W/CONF, URINE			Endnote 1 CB
Alcohol Metabolites	Negative	500 ng/mL	See Note 1
DRUG MONITOR, HEROIN METAB, W/CONF, URINE			Endnote 1 CB
6 Acetylmorphine	Negative	10 ng/mL	

Endnote 1

This drug testing is for medical treatment only. Analysis was performed as non-forensic testing and these results should be used only by healthcare providers to render diagnosis or treatment, or to monitor progress of medical conditions. For assistance with interpreting these drug results, please contact a Quest Diagnostics Toxicology Specialist: 1-877-40-RX TOX (1-877-407-9869), M-F, 8am-6pm EST.



Patient Information	Specimen Information	Client Information
LANGER, MENACHEM DOB: 06/26/1978 AGE: 42 Gender: M Patient ID: 80731241 Health ID: 8573018534623162	Specimen: WX298007A Collected: 10/20/2020 Received: 10/20/2020 / 23:26 CDT Reported: 10/24/2020 / 10:26 CDT	Client #: 11125939 JOHN, ANISH

Note 1 This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.



Patient Information	Specimen Information	Client Information
LANGER, MENACHEM DOB: 06/26/1978 AGE: 42 Gender: M Patient ID: 80731241 Health ID: 8573018534623162	Specimen: WX298007A Collected: 10/20/2020 Received: 10/20/2020 / 23:26 CDT Reported: 10/24/2020 / 10:26 CDT	Client #: 11125939 JOHN, ANISH

Patient Historical Positivity/SVT Summary

No historical positivity/SVT results currently available.

PERFORMING SITE:

CB QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191-1024 Laboratory Director: ANTHONY V. THOMAS, MD, CLIA: 14D0417052